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\*\* CONTINUING DATA \*\*\*\*\*

NONE SA

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE SA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> Met after Allowance Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 8
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## TITLE

Rotationally stabilized contact lenses

FILING FEE  RECEIVED 2350	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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